

**COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL**

**1024 Capital Center Drive
Frankfort, KY 40601-8204**

**PRE-NEED BURIAL LICENSE ANNUAL REPORT COVER SHEET
December 31, _____**

Name	PNBL#
Location	
Mailing Address	

Attached is a true and correct report of activity in the pre-need funeral trust fund accounts that existed during the calendar year. This report shows the activity in all of the trust fund accounts as of December 31 of the year for which this report is filed: (1) all of the pre-need burial contracts that have ever been sold by this firm for which services have not yet been performed and monies have not yet been refunded (that is, contracts that are still in existence on December 31 of the year for which this report is filed); and (2) those pre-need burial contracts for which services were performed and/or monies were refunded during the calendar year (that is, those accounts that had a positive balance on January 1, but show a zero (0) balance as of December 31).

RECONCILIATION

Total Beginning Balance of Trust	_____
Total Deposits	_____
Withdrawals:	
Total Refunds/Conversions	_____
Total Serviced	_____
Total Withdrawals	_____
Ending Balance in Trust	_____

I certify under penalty of law that I am authorized to complete this annual report form and that it represents, to the best of my knowledge, an accurate accounting of all pre-need funds for the year for which this report is filed.

<u>PRINT</u> NAME (CLEARLY)	TITLE	SIGNATURE
Subscribed and sworn to me on this the _____ day of _____, 19____.		
_____ NOTARY PUBLIC		
MY COMMISSION EXPIRES: _____		

THE LEDGER SHEET OR COMPUTER REPORT WILL BE RETURNED IF THIS COVER SHEET IS NOT ATTACHED. *The Office of the Attorney General(OAG) does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or in the provision of services. The OAG provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities. The OAG intends that no person shall be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any program or activity operated by the OAG. The OAG intends to bind all entities operating under its jurisdiction and control to fully comply with and abide by the spirit and intent of the Civil Rights Act of 1964.*

Please notify the OAG/ADA and Title VI Coordinator, Room 34, Capitol Building, Frankfort, KY 40601, (502) 696-5300 at any time to report discrimination. Office hours are 8:00AM to 5:00PM.

INSTRUCTIONS FOR COMPLETING THE ANNUAL REPORT OF PRE-NEED BURIAL CONTRACTS

You must complete and return this form no later than March 31.

1. Reporting for different locations. A separate report and cover sheet is required for each licensed location.
2. Certification. The annual report must be signed by the owner of the firm or president of the corporation.
3. Preparing the listing of accounts. The person who prepares the report must sign each page. In addition, please put your firm's name on each page of the report and number each page.
4. Contract date. This is the original date of the contract, NOT THE DEPOSIT DATE.
5. Additions. Include in this column the sum total of all additional amounts deposited to this account by the consumer or on the consumer's behalf.
6. Earnings. Include in this column the sum total of all interest earnings on this account during the past year.
7. Reporting withdrawals. Your annual report must show whether withdrawals were made because services were performed at the time of death, the account was converted to an insurance policy or annuity, or the monies were refunded. If withdrawals were made for any other reason, please explain.
8. IR - Please put a checkmark in this column if the contract is irrevocable.
9. Computer printouts. Computer printouts are acceptable, in lieu of the attached ledger sheets, as long as all the information on the printout is the same as the information requested and a properly completed cover sheet is attached. **All other trust accounts must be listed on the ledger sheets provided.** If you submit a computer printout, those accounts that are irrevocable must be marked "IR". To identify withdrawals on a computer printout, write "S" if services were provided under the contract, "R" if a refund was made in the space next to the amount withdrawn, or an "I" if the account was converted to an insurance policy or annuity plan.
10. If you have questions or concerns as you prepare this report, please call (502) 696-5389.

Return the completed form to:

Office of the Attorney General
Division of Consumer Protection
Cemetery and Funeral Home Section
1024 Capital Center Drive
Frankfort, KY 40601-8204

____ **ANNUAL REPORT**

PAGE _____ **OF** _____

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